

OFFICIAL FILE
ILLINOIS COMMERCE COMMISSION

ORIGINAL

(File this application via e-docket, or if unable to do so, file one original verified application with the Chief Clerk.)

Docket No. _____

ICC Office Use Only

Please provide the appropriate information in the () areas in the heading below.

GRID4 COMMUNICATIONS INC..

Application for a certificate of
local and interexchange authority
to operate as a reseller and or facilities
based carrier of telecommunications
services in (SBC Ameritech Regions) in the
State of Illinois.

03-0240

APPLICATION FOR CERTIFICATE TO BECOME A
TELECOMMUNICATIONS CARRIER
(Use additional sheets as necessary.)

GENERAL

1. Applicant's Name(including d/b/a, if any)

FEIN # 38-3616772

GRID4 COMMUNICATIONS

Address: Street 2755 BUCKINGHAM SUITE 100

City BIRMINGHAM

State/Zip MI 48009

2. Authority Requested: (Mark all that apply) _____13-403 Facilities Based Interexchange

__X__13-404 Resale of Local and/or Interexchange

__X__13-405 Facilities Based Local

3. Request for waivers/variances: In applications for local exchange service authority under Sections 13-404 or 13-405, waivers of Part 710 and of Section 735.180 of Part 735 are generally requested. In applications for interexchange service authority under Sections 13-403 and 13-404, waivers of Part 710 and Part 735 are generally requested. Please indicate which waivers Applicant is requesting and explain why Applicant is requesting each waiver/variance.

____Part 710 Uniform System of Accounts for Telecommunications Carriers

____Part 735 Procedures Governing the Establishment of Credit, Billing,
Deposits, Termination of Service and Issuance of Telephone
Directories for Local Exchange Telecommunications Carriers in the

State of Illinois

Section 735.180 Directories

Other _____

4. For all applicants requesting local exchange authority under Section 13-404 or Section 13-405, please complete the following:
 - (a) the Standard Questions for Applicants Seeking Local Exchange Service Authority found in Appendix A of this document
 - (b) the 9-1-1 Questions for Applicants Seeking Local Exchange Service Authority found in Appendix B of this document;
 - (c) the Financial Questions for Applicants Seeking Local Exchange Service Authority found in Appendix C of this document; and
 - (d) if applicable, the Prepaid Service Questions for Applicants Seeking Local Exchange Service Authority found in Appendix D of this document.
5. In what area of the state does the Applicant propose to provide service?

State of Illinois

6. Please attach a sheet designating contact persons to work with Staff on the following:
- a) issues related to processing this application
 - b) consumer issues
 - c) customer complaint resolution
 - d) technical and service quality issues
 - e) "tariff" and pricing issues
 - f) 9-1-1 issues
 - g) security/law enforcement

Please identify each contact person's (i) name, (ii) title, (iii) mailing address, (iv) telephone number, (v) facsimile number, and (vi) e-mail address.

7. Please check type of organization?
 ___ Individual X Corporation
 ___ Partnership Date corporation was formed July 31, 2001
 In what state? Michigan
 ___ Other (Specify)

8. Submit a copy of articles of incorporation and a copy of certificate of authority to transact business in Illinois.

9. List jurisdictions in which Applicant is offering service(s).

Michigan (SBC serving regions) _____

10. Has the Applicant, or any principal in Applicant, been denied a Certificate of Service or had its certification revoked or suspended in any jurisdiction in this or another name?

☐ YES (Please provide details) ☒ NO

11. Have there been any complaints or judgments levied against the Applicant in any other jurisdiction?

___ YES ___X___ NO

If YES, describe fully. _____

12. Has Applicant provided service under any other name?

___ YES ___X___ NO

If YES, please list. _____

13. Will the Applicant keep its books and records in Illinois? ___X___ YES ___ NO
If NO, permission pursuant to 83 Ill. Adm Code Part 250 needs to be requested.

MANAGERIAL

14. Please attach evidence of the applicant's managerial and technical resources and ability to provide service. This may be in either narrative form, resumes of key personnel, or a combination of these forms.

15. List officers of Applicant.

C. Christopher Hopkins (CEO)

16. Does any officer of Applicant have an ownership or other interest in any other entity which has provided or is currently providing telecommunications services? ___ YES ___X___ NO

If YES, list entity. _____

17. How will Applicant bill for its service(s)? (At a minimum, describe how often the Applicant will bill for service and details of the billing statement.)

grid4 Communications currently invoices its customers in an industry accepted format. This format summaries Local Services Charges, including local calls and taxes. Grid4's current bill provides Call Detail on a per call basis for date, time, destination, duration and cost to end user. Each end user receives one monthly invoice for services rendered by grid4.

18. How does Applicant propose to handle service, billing, and repair complaints? (At a minimum, describe Applicant's internal process for complaint resolution, the complaint escalation process, the timeframe and process by which the customer is notified by Applicant that they may seek assistance from the Commission?)

A toll free 24x7 800 number is made available to all grid4 Communications, Inc.'s customers. Service and Repair issues are addressed and resolved by our 24x7 customer care. Billing issues are addressed and resolved during regular business hours of 8am to 6pm EST. If issues cannot be resolved in 4 hours it is escalated to a supervisor who has 1hour to resolve issue. If customer concerns remains unresolved, this issue is escalated to a Department Director. The Director will personally contact the customer for resolution. If satisfaction is unattainable the customer may file a formal complaint with grid4. All formal complaints are reviewed by an officer of grid4. The purpose of the review is (1) professionally address customer concerns in hope of resolving issue illustrated in complaint, (2) Assess internal Quality Control for provisioning of service by grid4 and (3) Assess internal Quality Control for Customer Care standards and performance regarding said issue. Performance and Quality Control are part of routine operations at grid4. Case studies are illustrated at Departmental Meetings.

19. Will personnel be available at Applicant's business office during regular working hours to respond to inquiries about service or billing? ☒ YES ☐ NO

20. What telephone number(s) would a customer use to contact your company?

888-grid-444

21. Will Applicant abide by all Federal and State slamming and cramming laws pursuant to Section 13-902 of the Public Utilities Act and Section 258 of the 1996 Telecommunications Act?

☒ YES ☐ NO

22. Please describe applicant's procedures to prevent slamming and cramming of customers?

No service will be delivered to, or modified in any way, to an end user without their written consent.

23. If granted authority to operate as a local exchange carrier, will the applicant abide by the following 83 Illinois Administrative Code Parts: 705, 710, 720, 725, 730, 732, 735, 755, 756, 757, 770, and 772?

☒ YES ☐ NO (If no, please provide an explanation.)

24. Is Applicant aware that it must file tariffs prior to providing service in Illinois?

☒ YES ☐ NO

FINANCIAL

25. Please attach evidence of Applicant's financial fitness through the submission of its most current income statement and balance sheet, or other appropriate documentation of applicant's financial resources and ability to provide service.

TECHNICAL

26. Does Applicant utilize its own equipment and/or facilities? ____ YES ___X___ NO

If YES, please list the facilities Applicant intends to utilize. Also include evidence that Applicant possesses the necessary technical resources to deploy and maintain said facilities:

If NO, which facility provider(s)'s services does the Applicant intend to use?

Ameritech (SBC) _____


27. Please describe the nature of service to be provided (e.g., operator services, internet, debit cards, long distance service, data services, local service, prepaid local service).

Local switching service, long distance service, data service , OA-DA _____

28. Will technical personnel be available at all times to assist customers with service problems?

___X___ YES _____ NO

29. If Applicant intends to provide payphone service, will the equipment utilized comply with FCC requirements and Finding (9) of the Commission Order entered in Docket No. 84-0442 on June 11, 1986, including, but not limited to: (a) touch dialing; (b) access to 9-1-1 and "0" operator dialing without use of a coin; (c) rules governing use of payphones by disabled persons; (d) ability to complete local and long-distance calls; (e) unlimited duration for local calls; and (f) a message explaining the telephone's general operations, dialing instructions for emergency assistance, payphone owner's name, method of reporting service problems and method of receiving credit for faulty calls? ____X___ YES _____ NO



(Signature of Applicant)

VERIFICATION

This application shall be verified under oath.

OATH

State of Michigan)
)ss
County of Oakland)

C. Christopher Hopkins makes oath and says that he is President, CEO
(Insert here the name of affiant) (Insert the official title of the affiant)

of grid4 Communications Inc.
(Insert here the exact legal title or name of the Applicant)

that he has examined the foregoing application and that to the best of his knowledge, information, and belief, all statements of fact contained in the said application are true, and the said application is a correct statement of the business and affairs of the above-named applicant in respect to each and every matter set forth therein.

C Hopkins
(Signature of affiant)

Subscribed and sworn to before me, a Notary Public/ Wendy Paczas
(Title of person authorized to administer oaths)

in the State and County above named, this ^{7th} 17 day of ^{April} March, 2003.

Wendy Paczas
(Signature of person authorized to administer oath)

WENDY PACZAS
Notary Public, Oakland County, MI
My Commission Expires Feb. 21, 2006